

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Patrick Teo

Application No.: 09/378,398

Confirmation No.: 9103

Filed: August 20, 1999

For: VIRTUAL REALITY CAMERA



Group Art Unit: 2613

Examiner: Lee, Richard J

Atty. Docket No: ROXIP262

Date: January 20, 2004

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Technology Center 2600

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 20, 2004.

Signed: _____

Michael K. Hsu

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

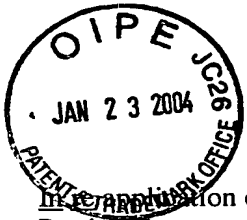
AMENDMENT

Dear Sir:

Applicant submits this paper in response to the Final Office Action mailed November 20, 2003. Applicant requests reconsideration of the subject application in light of the following:

Amendments to the claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.



AF/2700
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☐ Duplicate for
fee processing

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	<u>SMALL ENTITY</u> <u>RATE FEE</u>	OR	<u>LARGE ENTITY</u> <u>RATE FEE</u>
TOTAL CLAIMS	<u>37</u> -	<u>122</u>	<u>0</u>	X09 = \$	OR	0X18 = \$0
INDEP CLAIMS	<u>1</u> -	<u>5</u>	<u>0</u>	X43 = \$	OR	0X86 = \$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$145		\$290
TOTAL				\$ _____		\$ 0

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. ROXIP262). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE & PENILLA, LLP

Michael K. Hsu, Esq.
Registration No. 46,782

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